

2009 Summer School
Estimated Instructional Costs Report and List of Courses
Due April 1, 2009

(Return this form even if school corporation does not plan to conduct summer school)

Corp. #: _____ Name: _____ Will not _____ conduct summer school

Superintendent Name: _____

Phone _____ Email _____

(Please print)

Summer School Contact: _____

Phone _____ Fax _____ Email _____

(Please print)

Estimated Instructional Costs

Please round amounts to the nearest dollar

Category 1:

\$ _____

Category 2:

\$ _____

Grand Total Category 1 & 2 :

\$ _____

List of Courses

**Course
Code**

Course Title

**Category
(check one)**

1

2

Enrichment/Nonstandard Courses: (use extra sheet if needed)

Date: _____

Superintendent's Signature

Return to: Vicky Schroeder
Indiana Department of Education
Room 229 State House
Indianapolis, IN 46204-2798

submit report electronically at <doe.state.in.us/summerschool>